

COMO ARCHIVAR UNA PETICION PARA QUE RECONSIDEREN SU CASO DE NUEVO

Para apelar una decisión que haya tomado un árbitro de compensación para trabajadores, es necesario hacer una petición para considerar su caso de nuevo.

La “Junta de Apelaciones de Compensación de Trabajadores” (Workers’ Compensation Appeals Board) que dió la decisión debe de recibir la petición dentro de los veinte (20) días después de la fecha que salió la decisión. Si recibió la decisión por correo a su residencia en California, la oficina de WCAB debe recibir su petición dentro de veinticinco (25) días. La fecha de la decisión se encuentra cerca de la firma del árbitro.

En el formulario de petición adjunto puede encontrar las cinco razones por las cuales puede apelar la decisión del árbitro. Tache los asuntos que no se aplican a su caso. Asegúrese de tomar en cuenta todos los asuntos que se encuentran en la decisión con los cuales no está de acuerdo, incluya una explicación completa. Si es necesario, puede incluir sus explicaciones escritas en un papel por separado.

Complete ambas páginas de la petición. Guíese por la muestra que se encuentra adjunto. Asegúrese de poner su firma y fecha en el formulario. Por favor, note que hay tres líneas en donde debe poner su firma.

Envíe el original de la petición a la oficina de “WCAB”. (Workers’ Compensation Appeals Board) que dió la decisión. Y debe de enviar copias de la petición a las personas involucradas en su caso. Retenga una copia del formulario para su propio archivo.

Si requiere ayuda, puede llamar a una de las oficinas de “Información y Asistencia”. Los números de teléfono para las oficinas locales se encuentran listados al respaldo.

La información que se encuentra en esta guía es general y no tiene como fin el sustituir el consejo de un abogado. Es muy posible que cambios en la ley o los hechos referentes a su caso resulten en una interpretación de la ley distinta a la que se describe en la guía.

WORKERS' COMPENSATION APPEALS BOARD
DISTRICT OFFICES

ANAHEIM, 92801 1661 N. Raymond Avenue, Ste. 200 Information & Assistance Unit	(714) 738-4038	SALINAS, 93906 1880 North Main Street, 1st Floor Information & Assistance Unit	(408) 443-3058
BAKERSFIELD, 93309 1800 30th Street, Rm.100 Information & Assistance Unit	(661) 395-2514	SAN BERNARDINO, 92401-1888 464 West Third Street, Ste. 239 Information & Assistance Unit	(909) 383-4522
EUREKA, 95501-0421 100 "H" Street, Rm. 201 Information & Assistance Unit	(707) 441-5723	SAN DIEGO, 92101-3690 1350 Front Street, Ste. 3012 Information & Assistance Unit	(619) 525-4589
FRESNO, 93721-2280 2550 Mariposa Street, Rm. 4078 Information & Assistance Unit	(559) 445-5355	SAN FRANCISCO (DISTRICT OFFICE), 94102 455 Golden Gate Ave., 2nd Floor Information & Assistance Unit	(415) 703-5020
GOLETA, 93117 6755 Hollister Avenue Information & Assistance Unit	(805) 968-4158	SAN JOSE, 95113 100 Paseo de San Antonio, Rm. 223 Information & Assistance Unit	(408) 277-1292
GROVER BEACH, 93433-2261 1562 Grand Avenue Information & Assistance Unit	(805) 481-3296	SANTA ANA, 92701-4080 28 Civic Center Plaza, Ste. 451 Information & Assistance Unit	(714) 558-4597
LONG BEACH, 90802-4460 300 Oceangate Street, 3 rd Floor Information & Assistance Unit	(562) 590-5240	SANTA MONICA, 90405-5200 2701 Ocean Park Blvd., Std. 222 Information & Assistance Unit	(310) 452-1188
LOS ANGELES, 90013 340 West 4 th Street, 9 th Floor Information & Assistance Unit	(213) 576-7389	SANTA ROSA, 95404 50 "D" Street, Ste. 430 Information & Assistance Unit	(707) 576-2452
OAKLAND, 94612 1515 Clay Street, 6th Floor Information & Assistance Unit	(510) 622-2861	STOCKTON, 95202-2314 31 East Channel Street, Rm. 417 Information & Assistance Unit	(209) 948-7980
POMONA, 91766 435 W. Mission Blvd., Suite 300 Information & Assistance Unit	(909) 623-8568	VAN NUYS, 91401-3373 6150 Van Nuys Blvd., Rm 105 Information & Assistance Unit	(818) 901-5374
REDDING, 96001-2796 2115 Akard, Rm. 21 Information & Assistance Unit	(530) 225-2047	VENTURA, 93003-6085 5810 Ralston Street, Rm. 115 Information & Assistance Unit	(805) 654-4701
RIVERSIDE, 92501 3737 Main Street, Ste. 300 Information & Assistance Unit	(909) 782-4347	WALNUT CREEK, 94598 175 Lennon Lane, Rm. 200 Information & Assistance Unit	(925) 977-8343
SACRAMENTO, 95825 2424 Arden Way, Ste. 230 Information & Assistance Unit	(916) 263-2741		

As of May 18, 2000

DEPARTMENT OF INDUSTRIAL RELATIONS

DIVISION OF INDUSTRIAL ACCIDENTS

WORKERS' COMPENSATION APPEALS BOARD

Su nombre

Applicant

vs.

Su empleador y
Compañía de seguros

Defendants

Case No. el número
de su casoPetition for
ReconsiderationA decision was filed in the above-entitled case on fecha en que el juez dio la decisiónThe Su nombre is aggrieved by said

decision and hereby petitions for reconsideration upon the following grounds: (strike out items not applicable)

1. By the order, decision, or award, the Board acted without or in excess of its powers.
2. The order, decision, or award was procured by fraud.
3. The evidence does not justify the findings of fact.
4. Petitioner has discovered new evidence material to him which he could not with reasonable diligence have discovered and produced at the hearing.
5. The findings of fact do not support the order, decision or award.

In support of the above, petitioner gives the following details, including a statement of facts upon which petitioner relies and a discussion of the law applicable thereto:

Describa en forma completa su desacuerdo con la decisión del juez. Asegúrese de incluir las razones que tiene para que le cambien la decisión.

WHEREFORE, Petitioner requests that reconsideration be granted; that further proceedings be had; and that decision be made to give petitioner all the benefits to which he is entitled under the Labor Code of the State of California, including the relief requested herein.

X Su firma

Attorney for Petitioner

Petitioner

STATE OF CALIFORNIA

COUNTY OF Nombre del condado donde usted vive.

I, the undersigned, say that I am Su nombre

in the above-entitled action, I have read the foregoing petition for reconsideration and know the contents thereof, and that the same is true of my own knowledge, except as to the matters which are therein stated upon my information or belief, and as to those matters that I believe it to be true.

I declare under penalty of perjury, that the foregoing is true and correct.

Executed on fecha de hoy, 19____, at Ciudad, California.

X firma

Petitioner

(NOTE: If verification is by attorney or officer of a corporation it must comply with Section 446 Code of Civil Procedure.)

*Escriba Los nombres Y direcciones de todas las Personas
involucradas en su caso.*

Copy mailed to:

Date of Mailing: fecha en que lo envió

By: X Su firma
(Signature)

STATE OF CALIFORNIA
Department of Industrial Relations
Division of Workers' Compensation
WORKERS' COMPENSATION APPEALS BOARD

)) **Case No.**
))
))
) *Applicant,*)
vs.)
))
))
))
) *Defendants*)

**Petition for
Reconsideration**

A decision was filed in the above-entitled case on _____.

The _____ is aggrieved by said decision and hereby petitions for reconsideration upon the following grounds: (strike out items not applicable)

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Attorney for Petitioner

Petitioner

STATE OF CALIFORNIA)
))
 vs.
County of _____)

I, the undersigned, say that I am _____

in the above-entitled action. I have read the foregoing petition for reconsideration and know the contents thereof, and that the same is true of my own knowledge, except as to the matters which are therein stated upon my information or belief, and as to those matters that I believe it to be true.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 19 _____ at _____ California.

Petitioner

NOTE: If verification is by attorney or officer of a corporation it must comply with Section 446 Code of Civil Procedure.)

Copy mailed to:
Date of Mailing:

By: _____
(Signature)